

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101597801

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	9			1		
11	9			1		
12	9			1		
13	9			1		
14	9			1		
15	9			1		
16	9			1		
17	9			1		
18	9			1		
19	9			1		
20	9			1		
21	9			1		
22	1			1		
23	1			1		
24	1			1		
25	1			1		
26	1			1		
27	1			1		
28	5			1		
29	1			1		
30	1			1		
31	1			1		
32	4			1		
33	4			1		
34	4			1		
35	4			1		
36	4			1		
37	4			1		
38	4			1		
39	4			1		
40	4			1		
41	4			1		
42	4			1		
43	4			1		
44	4			1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	172	←	40	←		←
TOTAL CLAIMS	174		44			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					←	
					←	
					←	